HIV Integrated Planning Council
Prevention Committee
Wednesday, August 22, 2018
2:30-4:30pm

Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia, PA 19107

Present: Katelyn Baron, Keith Carter, Mark Coleman, David Gana, Gus Grannan, Lorett Matus, Jeanette Murdock, Nhakia Outland, Erica Rand, Clint Steib.

Excused: None

Absent: None

Guests: Caitlin Conyngham, Tira Faison, Janice Horan, Zora Wesley

Staff: Briana Morgan, Nicole Johns, Stephen Budhu

Call to Order: L. Matus called the meeting to order at 2:31pm. Those present then introduced themselves and participated in an

Approval of Agenda: C. Steib presented the agenda for approval**. Motion:** J. Murdock moved, M. Coleman seconded to approve the agenda. **Motion Passed:** All in favor.

Approval of Minutes: C. Steib presented the minutes for approval. G. Grannan asked for an addendum to the minutes. C. Steib presented the updated minutes. **Motion:** J. Murdock moved, M. Coleman seconded to approve the minutes. **Motion Passed:** All in favor.

Report of Chair: No report

Report of Staff: N. Johns informed the committee the Office of HIV Planning is in the process of creating an online HIPC membership application. The online application is in the trial phase and more details will be given in the upcoming months.

Action Items: None

Prevention Service Initiatives: C. Conyngham stated AACO has recently had a series of site visits from the CDC. She explained they were a success, and added AACO has just received a component B grant award for its DExIS initiative. More updated on DExIS are upcoming in the next few months.

Discussion Items:

- **Debrief from Allocations**

B. Morgan asked the committee if they were able to attend a regional allocations meeting and if they had any feedback. The committee noted the allocations meeting had more of an emphasis on group discussion. N. Johns informed the committee the Comprehensive Planning Committee has also discussed the allocations process and the main takeaways are group discussion works, too much information, and the meetings were too short; they should be broken up over the course of two days. There was also mention of having an introductory allocations meeting where the meeting materials will be explained in greater detail.

N. Johns asked the committee to review the parking lot and the unmet needs handout. B. Morgan asked the committee if there was anything that the committee wished to discuss or if they felt any needs were

omitted. M. Coleman asked for a clarification about 1509 and 1802 and their services. He explained many of their services have been marketed for the LGBTQ community but he has not heard much about the 1802 program. He asked C. Conyngham to distinguish between 1509 and 1802. C. Conyngham explained 1509 is a three-year demonstrative grant, that is approaching its conclusion. The goal of 1509 is to address the health disparities in the LGBTQ community, specifically in those who are minority MSM or trans-persons. 1509 was designed to help MSM and trans-persons of color access PrEP, education support, employment opportunities and housing resources.

C. Conyngham stated 1802 is a new program funding opportunity announcement for 2018. 1802's focus is to re-engage individuals lost to care, retain individuals in care, increase individual knowledge of HIV status, prevent new infections among HIV-negative persons, reduce transmission from persons living with HIV, and build interventional surveillance to enhance response capacity. Recently an RFP for 1802 has been put out and 3 agencies have received funding awards at this time.

K. Carter referenced the unmet need and parking lot items. He suggested the committee should focus on the unmet needs that held true in all 3 EMA regions. He explained needs such as housing, food, and substance abuse should be the main focus of this committee.

- **Plan Baseline Data**

B. Morgan asked the committee to review the plan baseline data handout that was in the meeting packet. She explained the spreadsheet that was provided was an integrated plan excerpt with data measures that have been requested by the committee. She suggested the committee should begin baseline data review with Goal 1: Reduce new HIV infections.

N. Outland reviewed the data baseline data under objective 1.2: Reduce the number of new HIV infections. She noted one of the data measures was the number of condoms distributed. She asked how the number of condoms distributed was tabulated. C. Conyngham explained it's an estimated number of condoms that have been distributed by condom distribution services. Also websites like www.doyouphilly.org and www.loveyourbrotha.com track the amount of the condoms that have been ordered from their sites.

L. Matus referenced activity 1.1.3: Offer timely screening and linkage to care for sexual and drug using partners of PLWH. She stated the baseline data measure for this activity included 1191 index patients. She asked how an index patient was defined in this context. C. Conyngham explained an index patient is a patient whose infection provides an index for additional cases. In this scenario, an index patient is usually the patient who has made initial contact with partner services and was identified as HIV positive.

L. Matus mentioned the city's social media campaign. She asked if the social media campaign would include the recent Gilead ads. N. Johns explained the Gilead ads are separate and not considered part of this activity because it is not a PDPH activity.

HIV testing in counties

C. Steib reminded the committee they have discussed the concurrent diagnoses in the EMA. He noted the disparities within the PA counties and stated within the meeting packet there's a breakdown of cases by county. He stated Delaware and Montgomery counties had a relatively high rate of infections. He suggested the high rates of cases in Delaware County could be attributed to the lack of a health department in the county. J. Horan explained she works for agency in Delaware County and shared their practices with the committee. She noted there are testing initiatives within Delaware County but there is a problem with concurrent cases and HCV co-infection.

B. Morgan informed the committee that the testing information provided was just compiled from the HIV tests that have been paid for by the commonwealth of Pennsylvania. The figures are not representative of actual testing numbers, which would include tests from primary care providers. C. Conyngham noted primary care testing was important for routine HIV testing. Routine testing is the gold standard, but she acknowledged routine testing may not happen routinely.

D. Gana asked for clarification on the unmet needs in Bucks County. He noted there has been discussion about the lack of Ryan White-funded providers in the county. He explained there is one Ryan White provider that does offer case management. B. Morgan explained the discussion was in reference to no Ryan White-funded clinical providers within Bucks County.

T. Faison referenced C. Conyngham's comment. She stated the gold standard in routine testing is difficult in suburban areas where providers may not offer testing or other linkage services. In suburban areas its unrealistic to expect clients to visit their primary care provider and then travel x number of miles to receive prevention services. The committee should focus on the better informing primary care providers on testing and other prevention services, especially those in suburban areas. This system could feed into the relatively high rate of concurrent diagnoses in the PA counties compared to the rest of the EMA regions.

The committee discussed the disparities within the PA counties. N. Johns stated as C. Steib has previously mentioned, there is no health department in Delaware County and there is little information available about where to receive prevention services within the county. She noted that was not the case for either Chester or Montgomery County, it was easy to access information online about prevention services within both of them. The committee suggested they should look to contact Sharita Flaherty, a representative of the Bucks County Health Department, to get an idea of the epidemic and barriers to service within Bucks County. The committee added she may be able to provide further insight to the epidemic and barriers within the other PA counties within the EMA.

Motion: The committee moved to invite Sharita Flaherty to attend a future Prevention Committee meeting.

K. Carter asked if there were any estimates about PLWH who are also injection drug users. B. Morgan explained that is tough to estimate, there is no data source that may provide viable estimates. There has been difficulty estimating the scope of the opioid epidemic both locally and nationally. N. Outland stated that data maybe accessible through CAREWare, case managers input psychosocial behavior of their clients at the time of intake. The committee discussed medical case management (MCM) and CAREWare. T. Faison explained psychosocial analyses were conducted by MCM but information was entered into Electronic Health Records (EHR), not CAREWare. MCM manually input EHR data into CAREWare. There would be no way to obtain that psychosocial information expediently.

B. Morgan summarized the committee's idea regarding HIV testing within the PA counties. The committee will contact Sharita Flaherty to attend future meetings, the committee will review prevention and outreach services within the PA counties. She explained the Office of HIV Planning was already looking into the Pennsylvania Expanded HIV Testing Initiative (PEHTI) and contacted the AETC about their technical assistance efforts. C. Steib suggested the committee seek help from the PADOH about data requests and policies.

E. Rand suggested the committee should ask the PADOH about their Partner Service policies. She stated there have been jurisdictional issues with Partner Services between Philadelphia and Delaware Counties, in her experience. She explained there's uncertainty of which Partner Services to go to when a client is

tested in one county but resides in another; is it where they live or where they were testedf. This is common issue for individuals who may live in Delaware County but have been tested in Philadelphia. C. Conyngham stated usually with Partner Services, a client must the Partner Services where they live.

K. Baron suggested the committee should ask the PADOH about their practices and challenges.

The committee discussed Partner Services within the EMA and at the state level. In reference to the baseline data under strategy 1.1.3: Offer timely screening and linkage to care to sexual and drug using partners of PLWH, 215 partners tested who were not previously identified as HIV positive. T. Faison stated many clients do use Partner Services but they may have already been HIV positive; that's why the number is only 215. Also, there is a delay for Partner Services on the state level. B. Morgan informed the committee Partner Services on the state level split their time between HIV and STI cases, that maybe reason for the delay in seeing new clients.

K. Carter asked what services do Partner Services provide. E. Rand explained Partner Services are offered to individuals who are infected with HIV or STIs, to their partners, and to other persons who are at increased risk for infection in an effort to prevent transmission of these diseases and to reduce suffering from their complications. The historical focus was to identify and locate the sexual contacts of infected persons and other persons at risk for behavioral or other factors and then refer them for medical examination and, as appropriate, for treatment.

Partner services has evolved to include a broad view of the clinical and epidemiologic activities needed to help persons infected with STDs. The basic process - interviewing infected persons and others potentially involved in transmission, identifying persons still at risk (whether through direct exposure or indirect involvement), and bringing the latter to diagnosis and treatment - has evolved along with societal, legal, and technological change.

Additionally, Partner Services are a clinical tool for identifying a patient's needs and requirements and connecting the patient to appropriate care. Partner Services also provide the basis for assessing local epidemiologic conditions, targeting resources, and evaluating program performance. Lastly, follow-up of partners who are at risk is a powerful tool for understanding the dynamics of disease transmission.

Old Business: The committee discussed the recent prevention campaign by Gilead. They noted the campaign featured all races and also featured men, women, and transgender individuals. The committee mentioned past HIV prevention marketed featured only African American men.

New Business: C. Conyngham informed the committee the PrEP work group met in August. Within the meeting the group reviewed national and local CDC PrEP estimates, reviewed the PrEP uptake plan, discussed the new PrEP media campaign, secret shopper calls, and Dr. Wood presented the key points from the International AIDS Conference. Dr. Wood stated the U=U was a major part of the discussion at the conference and reviewed the Partner 2 and Prevenir studies. She also informed the group that "on-demand" was becoming more popular, and its efficacy is on par with daily PrEP dosages, except for trans-women. Trans-women take feminine hormones, these hormones may alter the efficacy of tenofovir disoproxil fumarate (TDF), or TDF may be absorbed by estrogen.

C. Conyngham stated the PrEP work group will not meet on its regularly scheduled day since it falls on Yom Kippur. The meeting will be rescheduled and the new date will be announced as soon as one is decided.

Announcements: G. Grannan announced the co-founder of Chicago Recovery Alliance, Dan Bigg, has passed away, on August 21, 2018. He was regarded as the revolutionary for his approach to the opioid

crisis. He will be remembered for being one of the first to do needle handouts and giving naloxone to injection drug users.

L. Matus announced the Unites States AIDS conference is from September 6-9 in Florida. Staff from her organization will attend the conference.

Adjournment: Meeting adjourned by consensus at 4:15 pm.

Respectfully submitted by,

Stephen Budhu, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes
- OHP Calendar
- Plan Baseline Data